

S010

Neurobiological correlates of learning and decision-making in alcohol dependence

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The mesolimbic dopaminergic system has been implicated in two kinds of reward processing, one in reinforcement learning (e.g. prediction error) and another in incentive salience attribution (e.g. cue-reactivity). Both functions have been implicated in alcohol dependence with the former contributing to the persistence of chronic alcohol intake despite severe negative consequences and the latter playing a crucial role in cue-induced craving and relapse. The bicentric study “Learning in alcohol dependence (LeAD)” aims to bridge a gap between these processes by investigating reinforcement learning mechanisms and the influence that Pavlovian cues exert over behavior. We here demonstrate that alcohol dependent subjects show alterations in goal-directed, model-based reinforcement learning (Sebold et al., 2014) and demonstrate that prospective relapsing patients show reductions in the medial prefrontal cortex activation during goal-directed control. Moreover we show that in alcohol dependent patients compared to healthy controls, Pavlovian cues exert pronounced control over behavior (Garbusow et al., 2016). Again, prospective relapsing patients showed increased Nucleus accumbens activation during these cue-induced responses. These findings point to an important role of the mesolimbic dopaminergic system as a predictor of treatment outcome in alcohol dependence.

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Symposium: Assisted suicide: An issue for old age psychiatry?

S011

Euthanasia, physician assisted suicide in the Netherlands in dementia and late life psychiatric illness

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Background Although controversial in many countries, in The Netherlands euthanasia or physician assisted death has increased in patients with early stages of dementia, psychiatric illness and in conditions described as ‘being tired of life’ in the oldest old. There is a strong debate about this practice in the community and among professionals often with exclamation marks ranging from medical murder to providing ultimate care.

Objective To provide figures, describe current practice and debate in The Netherlands with regard to capacity evaluation in older psychiatric patients and end of life questions.

Methods Review of literature, case reports and own experience in the past decade.

Result and conclusion There are few studies on the important issue of capacity making in psychiatric patients. The research that was performed does not show that a high threshold of capacity is required for granting euthanasia. Research on physician-assisted death in early dementia is scarce. With regard to end of life questions the debate in The Netherlands is still ongoing.

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S012

Suicide and assisted suicide in Switzerland: Consequences for suicide prevention

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As in other countries, in Switzerland, the rate of suicide is highest in the elderly. Assisted suicide is allowed and mostly exerted by private organizations like EXIT. The number of assisted suicide cases has doubled during the last five years and is expected to increase. It is mainly committed by women. In the age group 80+ y the number is higher than the number of suicides. To reduce the number of suicides by 25% by 2030, the federal authorities have issued a national action plan in November 2016. It includes preventive means like reduction of access to methods (weapons, drugs), construction of bridges and buildings, education of lays and professionals and specific treatment of those who have attempted suicide. There has been a position paper of Swiss public health concerning suicide prevention in the elderly. Both papers will be presented and discussed.

Concerning assisted suicide there is a broad discussion on the control of the state and on the role of physicians in the process. A survey of Swiss physicians showed much ambivalence. Position papers of gerontological and geriatric societies focused on the role loneliness and the provision of adequate psychiatric help, e.g. for depression, and the overestimation of autonomy.

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S013

Mental health and social care providers facing requests of assisted suicide from elderly in nursing homes in Switzerland

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Introduction In some Swiss states, right-to-die associations are allowed to assist older people in nursing homes provided that certain requirements are fulfilled.

Objectives To investigate how health and social care providers and their institutions reacted to and dealt with requests of assisted suicide.

Method An exploratory qualitative study was carried out in the States of Fribourg and Vaud among 40 professionals working in nursing homes, home care services or social welfare agencies.

Results The requests of assisted suicide questioned the professional mission, the quality of accompaniment provided to the older people and both professional and personal values. Health and social

care providers were required to ponder over ethical dilemmas or decisions. Several challenges were reported, such as: taking into account and articulating personal freedom or needs with collective functioning or organizational constraints before, during and after the assisted suicide; reconciling self-determination with protection towards vulnerable people (beneficere, non maleficere).

Conclusions Assisted suicide challenges and changes professional end-of-life practices. Education and support should be provided to health and social care providers faced with it.

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Symposium: Is it possible to prevent Alzheimer's disease?

S014

Setting the scene: The evidence for pre-clinical change, projections of the impact of intervention, and implications for public health

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Alzheimer's disease has long been considered a neurodegenerative disorder of late life for which there is currently no disease-modifying treatment. This view is now being revised as increasing evidence suggests a long pre-clinical phase extending back into mid-life during which there is exposure to multiple potentially reversible risk factors. Further thought is now being given to the possibility of both early life intervention programs and development of new drug treatments focusing on the pre-dementia period. But how can the impact of such treatments be measured at this early stage since overt dementia may not be diagnosed for decades? In the four talks in this symposium, we will discuss evidence for pre-clinical change, theoretical models which have been used to project the possible impact of risk factor modification in mid-life and their integration into a future public health strategies. The development of new statistical risk models to determine the impact of such prevention measures will be outlined. We will consider the possibilities for drug development targeting the pre-clinical period before presenting the PREVENT Project and EPAD (<http://ep-ad.org/>), a multi-million euro IMI-Horizon 2020 funded project for the development of pre-clinical proof of concept trials. Titles of the four presentations: 1. Setting the scene: the evidence for pre-clinical change, projections of the impact of intervention, and implications for public health (TCR) 2. New statistical risk models for determining the impact of prevention measures in the pre-dementia period (GMT) 3. The PREVENT Study: a prospective cohort study to identify mid-life biomarkers of late-onset Alzheimer's disease (KR) 4. The European Prevention of Alzheimer's Dementia (EPAD) Project: developing interventions for the secondary prevention of Alzheimer's dementia (CWR)

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Symposium: Upscaling mental healthcare - Implementing guidance and mental health care recommendations in Europe

S015

How can guidance recommendations contribute to better mental health?

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Introduction In European countries, the quality of mental healthcare services is often limited due to scarce and inequitable distributed resources, and inefficient use of existing resources. Against this background, the EPA Guidance provides recommendations on how to optimize quality of mental healthcare for all European countries.

Objectives Provision of guidance recommendations in order to support optimization and harmonization of mental healthcare services in European countries.

Methods By means of evidence and consensus-based methods EPA guidance papers are developed by experts in psychiatry and related fields [1].

Results As of 2012, five EPA guidance series have been developed and published [2]. They focus on various aspects of mental healthcare and clinical situations that have not been covered by medical guidelines yet but are considered important to deliver high quality mental healthcare. Papers deal amongst others with topics relating to quality assurance of mental health services, as quality of mental health service structures and processes, and building trust in mental health services.

Conclusions EPA guidance recommendations can improve mental healthcare provision and thereby contribute to better mental health of persons receiving mental healthcare. For this purpose, recommendations need to be widely disseminated and implemented in European countries.

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S016

Implementation of EPA guidance - One way for all countries?

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The European Psychiatric Association (EPA) guidance project launched in 2008 has the aim of providing European psychiatry with guidance in topics, which are relevant for European mental health care. Guidance from a European perspective can be favorable against the background of a growing sense of Europe and the desirable associated harmonization on all levels of health care policy.